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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/659,693	09/11/2000	Schat Sutardja	MP0062	5047
26703 7590 02/27/2009 HARNESS, DICKEY & PIERCE P.L.C. 5445 CORPORATE DRIVE SUITE 200 TROY, MI 48098				
EXAMINER FLANDERS, ANDREW C				
ART UNIT		PAPER NUMBER		
2614				
MAIL DATE		DELIVERY MODE		
02/27/2009		PAPER		

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.




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**Board of Patent Appeals and Interferences**

HARNES, DICKEY & PIERCE P.L.C.  
 5445 CORPORATE DRIVE  
 SUITE 200  
 TROY, MI 48098

Appeal No: 2009-1719  
 Appellant: Sehat Sutardja  
 Application No: 09/659,693  
 Hearing Room: B  
 Hearing Docket: B  
 Hearing Date: Thursday, April 23, 2009  
 Hearing Time: 09:00 AM  
 Location: Madison Building - East Wing  
 600 Dulany Street, 9th Floor  
 Alexandria, Virginia 22313-1450

**NOTICE OF HEARING  
 CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

BPAI HEARINGS FAX No: (571) 273-0299

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In all communications relating to this appeal, please identify the appeal by its number.

**CHECK ONE: ( ) HEARING ATTENDANCE CONFIRMED ( ) HEARING ATTENDANCE WAIVED**

\_\_\_\_\_  
 Signature of Attorney/Agent/Appellant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Registration No.

Names of other visitors expected to accompany counsel: \_\_\_\_\_

For information on visitor access to hearing rooms and security procedures at the USPTO Alexandria Campus, see  
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